

# National Evaluation of the Primary and Behavioral Health Care Integration (PBHCI) Program FAQs Updated November 2016

# **Background**

#### What is the purpose of the cross-site PBHCI evaluation?

This evaluation aims to answer the following questions:

- What services do PBHCI consumers receive?
- Does integrated care improve consumers' behavioral health, physical health, and functional outcomes (e.g., blood pressure, diabetes management, ability to work or go to school)?
- What successes and challenges do PBHCI grantees encounter when delivering integrated care?

#### Who is conducting the cross-site PBHCI evaluation?

Mathematica Policy Research is conducting the evaluation. If you have questions about the evaluation, you can contact us at pbhcieval@mathematica-mpr.com or 866-504-9640. SAMHSA is funding the evaluation.

# When does the evaluation begin?

The evaluation began in September 2015 and ends in September 2020. We will provide interim and final reports and presentations on the findings. Evaluation findings will be shared at grantee meetings.

# **Data Collection Activities**

#### What data must grantees submit for the evaluation and when?

The evaluation will mostly use data that grantees already submit directly to SAMHSA, but it includes some additional data collection by Mathematica, as well.

# SAMHSA Data Used for the Evaluation

1) National Outcomes Measures (NOMs) tool

This is a standardized questionnaire that captures client-level information on health, behavioral health, and functioning. PBHCl grantees also complete a program-specific supplement to the NOMs (often referred to as the "Section H" indicators) for tracking physical health indicators, such as height, weight, waist circumference, BMI, breath CO, HgBA1c or blood glucose, blood pressure, triglycerides, and cholesterol. These data are essential to the evaluation. Please enter them into the TRAC system following the schedule in the table, below. (Note that TRAC will be replaced by the SPARS system in early 2017). You can get to the TRAC system here: <a href="https://www.cmhs-gpra.samhsa.gov/TracPRD/default.aspx">https://www.cmhs-gpra.samhsa.gov/TracPRD/default.aspx</a>

#### 2) Grantee quarterly reports

Grantees submit quarterly reports to SAMHSA using the template provided by your Government Project Officer (GPO). We will review these reports to gather information about how grantees are integrating services and the successes and challenges that grantees encounter.

# 3) Electronic data submission

Grantees are expected to use clinical registries and have electronic health records (EHRs) that meet Meaningful Use standards. Grantees may also have other electronic systems (case management records, Access or Excel databases, etc.) that track information related to the program. SAMHSA requires that Cohort 8 and 9 grantees submit a limited set of service utilization variables derived from these systems. These data will be used to understand the types of services that PBHCI grantees receive (e.g., number of visits with a primary care provider per year). The list of variables that SAMHSA requests from grantees and guidance on the submission process is located here: <a href="http://www.integration.samhsa.gov/pbhci-learning-community/resources#data\_collection">http://www.integration.samhsa.gov/pbhci-learning-community/resources#data\_collection</a>

# Additional Data Collection by Mathematica

#### 1) Grantee staff survey

In late 2016 and 2018, grantee staff will be asked to complete a brief web-based survey to share their experiences delivering integrated care. Both the administrator/director and front-line direct care staff will be asked to complete the survey. Mathematica and your GPO will notify you when it's time to complete the survey, and links to the surveys will be emailed directly to you.

# 2) Interviews, site visits, and consumer focus groups

Mathematica will work with SAMHSA to select a subset of grantees for telephone interviews and in-person site visits. These interviews and site visits will yield more detailed information about how grantees deliver care, as well as the successes and challenges that grantees encounter in delivering care. We will also conduct focus groups with consumers who have received PBHCI services to understand their perceptions of care as part of the site visit. Grantees will be notified if they have been selected for interviews and/or visits.

## How should grantees submit data?

# NOMS and PBHCI Physical Health Indicators

Grantees enter NOMs and PBHCI physical health indicator data (sometimes called Section H indicators) directly into the TRAC system. Questions about how to use the TRAC system should be directed to the TRAC Help Desk at trachelp@westat.com or 1-855-796-5777.

# **Electronic Data Submission**

Cohort 8 and 9 grantees should submit their electronic data (described above) to Mathematica via a secure website at: <a href="https://www.pbhcieval.com/Grantee/SitePages/Home.aspx">https://www.pbhcieval.com/Grantee/SitePages/Home.aspx</a> PBHCI project directors or their designees will receive a user name and password to access this secure site. Mathematica will provide grantees with technical assistance to extract and upload the data. Questions about this data collection effort should be directed to pbhcieval@mathematica-mpr.com or 866-504-9640.

The table below indicates which data is expected by grantee cohort and at which time-points, and the method through which grantees should submit this data.

PBHCI Data Submission Requirements							
Data Collection Activity	Cohort V	Cohort VI	Cohort VII	Cohort VIII and IX	Timeline	Method of Submission	Contact Information for Question
NOMS Data/Physical Health Indicators	Х	Х	Х	Х	Baseline 6-Month Reassessments Discharge	TRAC system (changing to SPARS)	trachelp@westat.com or 1-855-796-5777
Quarterly Reports	Х	Х	Х	Х	Quarterly	Email to SAMHSA GPOs	Your SAMHSA GPO
Electronic Data				X	Quarterly (starting October 31, 2017 for cohort IV)	Mathematica secure website (do not email)	pbhcieval@mathematica- mpr.com or 866-504-9640
Grantee Survey			Х	X	Fall 2016 and 2018	Grantee staff will receive email with web-link to survey	pbhcieval@mathematica- mpr.com or 866-504-9640
Telephone Interviews			Х	Х	2016 and 2018	No data submission requirement	pbhcieval@mathematica- mpr.com or 866-504-9640
Site Visits (including consumer focus groups)			Х	Х	2016 and 2017	No data submission requirement	pbhcieval@mathematica- mpr.com or 866-504-9640

# **Collecting Client-Level Data**

# How should grantees create client IDs for PBHCI consumers?

Each individual consumer enrolled in the PBHCI program will need a unique identifier in the TRAC/SPARS system. This ID can be alphanumeric, but must not be longer than 20 characters. If clients are discharged and later enrolled, their data should continue to be labeled with the same identifier.

# What resources are available to help with the collection of client-level data?

The resources below are available here:

http://www.integration.samhsa.gov/pbhci-learning-community/resources#data\_collection

Please refer to the following documents for guidance on entering data into NOMS:

- TRAC NOMs Overview (Question by Question Instruction Guide)
- TRAC Outcome Measures Report Guide

Electronic data: Please refer to the list of data elements/variables at the website above.

Mathematica can answer questions about extracting these data elements from your electronic systems (registries, EHRs, or other systems). You can contact us at pbhcieval@mathematica-mpr.com or 866-504-9640.

# **Additional Requirements**

# How does the evaluation protect the rights and confidentiality of consumers and grantees?

Mathematica has obtained IRB approval from the New England Institutional Review Board. The data elements requested from grantees' electronic systems do not contain personally identifiable information and therefore do not require a Business Associate Agreement to share with Mathematica. Please use the password protected secure website to transfer this data. We will obtain written consent from consumers who participate in our focus groups. We will protect the confidentially of grantees and grantee staff and consumers by never using the organizational or individual names in our reports; information will be reported in aggregate (group format).